

11-08-02

GP1636

EXPRESS MAIL NO.: EL61522175US

PTO/SB/83 (03-02)

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

Applicati n Numb r	10/038,001
Filing Dat	December 20, 2001
First Named Inventor	Palmer
Group Art Unit	
Examiner Name	
Attorney Docket Number	00801.0179.CPUS01

**RECEIVED**NOV 13 2002  
TECH CENTER 1600/2900To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application

The reasons for this request are:

Client has retained new counsel

**APPROVED**SPR, FC 1600  
11/29/02

1. ☐ The correspondence address in NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

**CORRESPONDENCE ADDRESS**☐ Customer NumberPlace Customer Number  
Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual name	Jonathan Quine				
Address	Quine Intellectual Property Law Group				
Address	2033 Clement Avenue, Suite 200				
City	Alameda	State	CA	ZIP	94501
Country	USA				
Telephone		Fax			

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 27194

This request is enclosed in triplicate (including any attachments).

Name	Albert P. Halluin
Signature	<i>Albert P. Halluin</i>
Date	November 16, 2002

**NOTE: Withdrawal is effective when approved rather than when received.**  
 Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Please indicate receipt of the below-identified paper:

PTO

<input type="checkbox"/> New Application For:		Priority Date:	
<input type="checkbox"/> Foreign priority already claimed		Fee Amount: or any related fee not specified	
<input type="checkbox"/> Continuation	<input type="checkbox"/> CIP	<input type="checkbox"/> Divisional	CPA <input type="checkbox"/>
<input type="checkbox"/> Specification:		<input type="checkbox"/> Drawings:	
<input type="checkbox"/> Response to Office Action Dated:		<input type="checkbox"/> Final Rejection	
<input checked="" type="checkbox"/> Other: Request for Withdrawal As Attorney or Agent (1 page); Return Receipt Postcard (1 page)			
<input type="checkbox"/> Assignment Enclosed	<input type="checkbox"/> Cert. of Timely Mailing	<input checked="" type="checkbox"/> Exp. Mail: EL615212175US	

**IDENTIFICATION OF APPLICATION**

Serial No.: 10/038,001	Responsible Attorney: APH/VTK
Title: ROLLING CIRCLE REPLICON EXPRESSION VECTORS	
Applicant: Palmer	Entered By: LG
Client: Large Scale	Firm File No.:00801.0179.CPUS01
Mailed: November 6, 2002 Filed: December 20, 2001	Due Date:

Please indicate receipt of the below-identified paper:

PTO

<input type="checkbox"/> New Application For:		Priority Date:	
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<input type="checkbox"/> Continuation	<input type="checkbox"/> CIP	<input type="checkbox"/> Divisional	CPA <input type="checkbox"/>
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